

What caused this doctor to get this letter?



MEDICARE PART B CARRIER

PRELIMINARY NOTICE OF AUDIT RESULTS

Dear Dr.

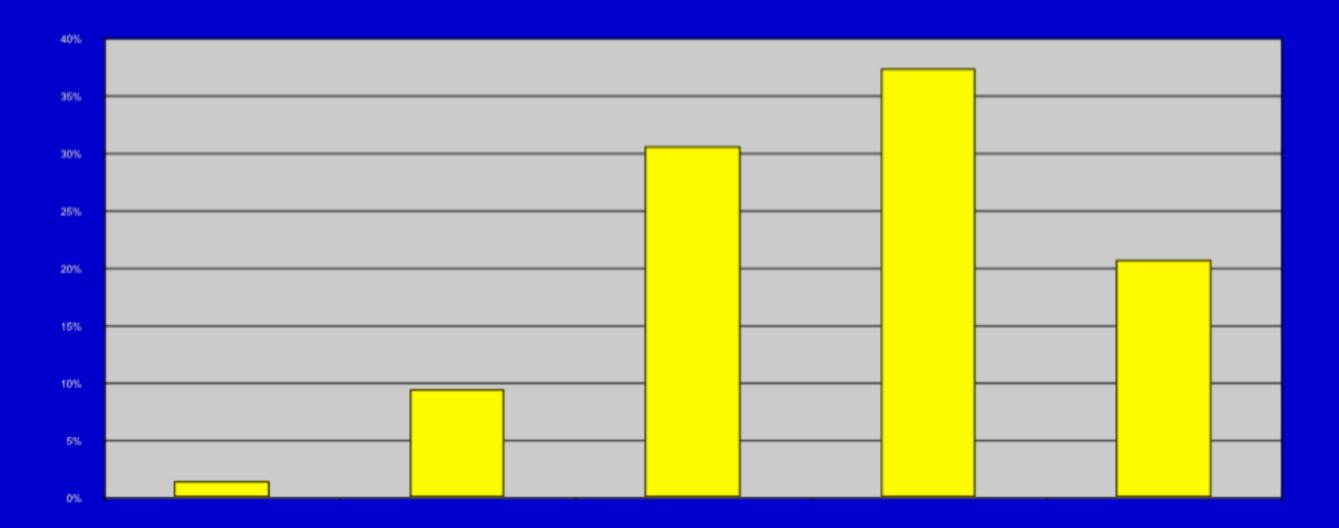
This letter is in regards to a recent audit of your Medicare claims submissions. After examining the information we received from you and the documentation obtained by our department, we wish to inform you of the results of our review which was based on the following issues:

- Documentation
- · Procedure Coding
- Medical Necessity
- Evaluation and Management (E/M) Services
- "Incident To" Requirements
- Purchased Diagnostic Tests
- Audit Decisions

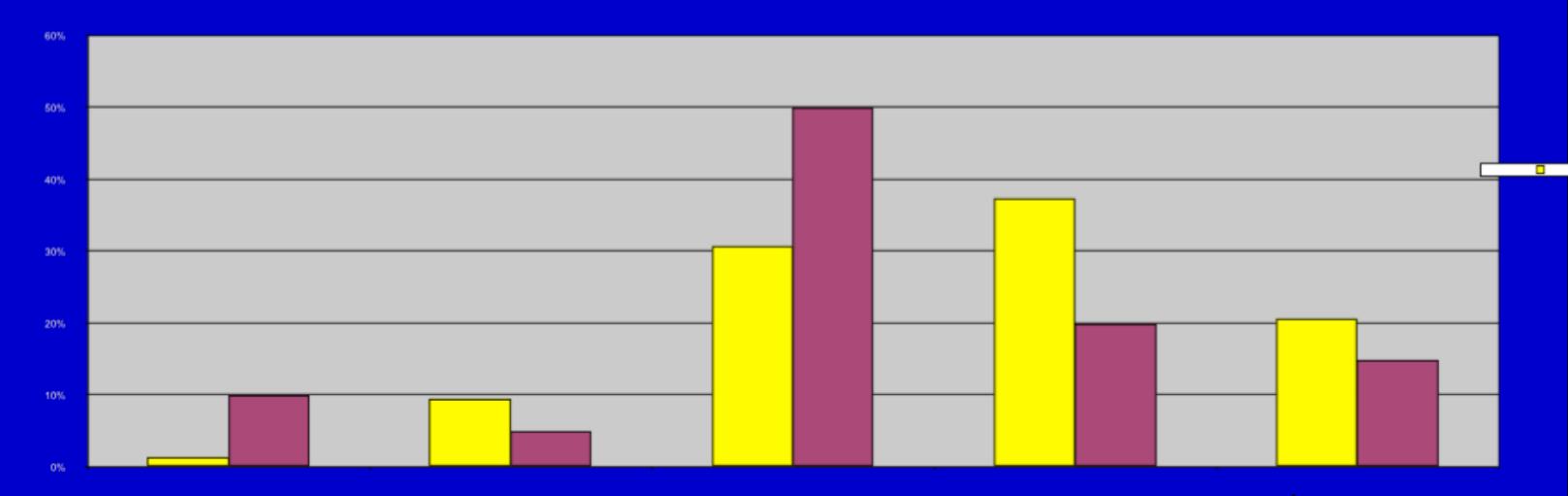
You are now guilty of what the auditor says until you prove yourself innocent

Based on the above audit findings, we determined that you were overpaid by \$99,082.77.

Internal Medicine Coding Trends New Patient (99201-99205)



Internal Medicine Coding Trends New Patient (99201-99205)



Consultations

99241-99245

A consultation is a type of service provided by a physician whose opinion or advice regarding evaluation and/or management of a specific problem is requested by another physician or another appropriate source. The written opinion or advice is rendered back to the requesting provider Diagnostic and/or therapeutic services may be initiated during course of consult TIP:

- Request
- Render
- Response

FAQ's

- Can a provider ever request a consult from a provider
- within the same group?
 - Yes as long as all the requirements for the use of consult codes
 - are met
- Can you report a consult on a patient you have seen in the past?
 - As long as the consult definition is met
 - Can be a new problem for the established patient or a problem
 - the provider has seen the patient for in the past as long as it
 - is a new episode of the problem

Components of E&M levels

- History
- Exam
- Medical Decision Making
- Nature of presenting problem
- Counseling
- Coordination of care
- Time

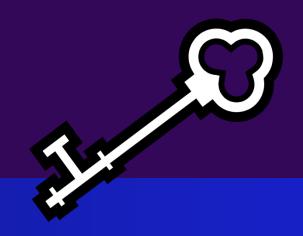
Key Components



Selecting the level of service

- Identify the category office, hospital, etc.
- Review the CPT instructions for the category
- Determine extent of history, exam and complexity of medical decision making
- Select appropriate level of E&M service
- Coding Patterns Established Patient

History



- Chief complaint clear, concise statement detailing the reason the patient is presenting today, usually in the patient's own words
 - According to CMS, the CC may be combined with the HPI
- HPI (history of present illness)
- ROS (review of system)
- PFSH (past family social history)

History of Present Illness (HPI)

- Location where is it?(pain in LLQ abdomen)
- Quality how does is feel?
 (diffuse-achy, tingling, numb etc)
- Severity how bad is it?10 for pain)
- Duration how long (3 days)
- Timing when does the symptom occur (worse after meals)

- Context what happened to cause it? (abdominal pain after eating 25 oysters)
- Modifying factors what did the patient do in an attempt to alleviate their symptoms? (took otc)
- Associated signs and symptoms what else is bothering the patient? (diarrhea & vomiting)

Review of Systems (ROS)

(second of the 3 elements of history)

- An inventory of the body systems of the patient to determine if the patient is experiencing additional signs and/or symptoms
- Expand on remarkable symptoms
- A complete ROS 10 or more systems Positive or pertinent negative responses must be individually documented with a statement that all other systems are negative. In the absence of such a notation, at least ten systems must be individually documented

Allergic/Immunologic
Cardiovascular
Constitutional
Eyes
Ears, Nose, Mouth, Throat
Endocrine
Gastrointestinal

Hematologic / Lymphatic
Genitourinary
Integumentary (skin/breast)
Musculoskeletal
Neurological
Psychiatric
Respiratory
12

Past, Family and Social History (PFSH)

- Past history patient's experience with illness and/or injury
- Family history patient's family experience with illness
- Social history age relevant review of the patient's social activities

Helpful Tips

- CC, ROS and PFSH may be listed as separate elements of history or included in HPI
- Provider can use and get credit for history elements obtained at another visit as long as it is relevant and referenced
- ROS and/or PFSH may be recorded by ancillary staff or patient as long as the provider documents confirmation of the information
- If unable to obtain a history from the patient or other source, document the patient's condition that precludes getting it



Exam - Key Component

- 1995 guidelines
 - Count the number of systems
 - Single system exams are not defined
 - Better for primary patient care

- 1997 guidelines
 - Count the number of elements performed
 - Single system exams are defined
 - Harder to meet without templates/macros



Determination of the Complexity of Diagnosis and/or Management Options

Diagnosis and/or Management Options

Indicate the number of each type of problem category below. Multiply the number of the occurrence of problem by the value for each category and indicate the category total.

Add each category total down to determine the total value.

Category of Problem(s)	Occurence of Problems		Value		Total
self-limited or minor	[max. 2]	X	1	=	
established problem to provider, stable, improved		X	1	=	
established problem to provider, worsening		X	2	=	
new problem to provider, no additional work-up planned	[max. 1] 1	X	3	=	3
new problem to provider, additional work-up planned	1	X	4	=	4
		<u></u> 'J	Grand	l Total	7

Amount and Complexity of Data

- The amount and complexity of data to be reviewed depends on the types of diagnostic testing ordered:
 - Lab tests
 - Radiology studies
 - Non-invasive medicine studies
 - Discussion with interpreting physician
 - Independent review
 - Decision to obtain old medical records
 - Review and summary of old medical records

Amount and Complexity of Data (2nd of 3 elements of MDM)

• Determine what was done for the patient and establish the VALUE

Amount and Complexity of Data					
Indicate each type of data that is documented by circling the corresponding value.					
Add all the values circled to find the total value.					
DATA TYPE	VALUE				
review and or ordering of clinical lab studies	1				
review and or ordering of radiological studies	1				
review and or ordering of non-invasive medicine studies (EKG, cardiac cath, etc)					
discussion of diagnostic studies with interpreting physician					
independent review of diagnostic studies					
decision to obtain old medical records and/or gather data from a source other than the patient					
review and summarization of old medical records					
2 Grand Total	3				

Level of Risk	Presenting Problem(s)	Diagnostic Procedure(s) Ordered	Management Options Selected	
Minimal	 One self-limited or minor problem, e.g., cold, insect bite, tinea corporis 	 Laboratory tests requiring venipuncture Chest x-rays EKG/EEG Urinalysis Ultrasound KOH prep 	 Rest Gargles Bastic Bandages Superficial dressings 	
Low	 Two or more self-limited or minor problems One stable chronic illness, e.g., well controlled hypertension or non-insulin dependent diabetes, cataract, BPH Acute uncomplicated illness or injury, e.g., cystitis, allergic 	 Physiologic tests not under stress, e.g., pulmonary function tests Non-cardiovascular imaging studies with contrast, e.g., barium enema Superficial needle biopsy Clinical laboratory tests requiring arterial puncture Skin biopsies 	 Over-the-counter drug Minor surgery with no identified risk factors Physical therapy Occupational therapy 	Ta
Moderate	 One or more chronic illnesses with mild exacerbation, progression, or side effects of treatment Two or more stable chronic illnesses Undiagnosed new problem with uncertain prognosis, e.g., lump in breast Acute illness with systemic symptoms, e.g., pyelonephritis, pneumonitis, colitis Acute complicated injury, e.g., head injury with brief loss of consciousness 	 Physiologic tests under stress, e.g., cardiac stress test, fetal contraction stress test Diagnostic endoscopies with no identified risk factors Deep needle or incisional biopsy Cardiovascular imaging studies with contrast and no identified risk factors, e.g., Arteriogram Obtain fluid from body cavity, e.g., lumbar puncture, thoracentesis 	 Minor surgery with identified risk factors Bective major surgery (open, percutaneous, or endoscopic) with no identified risk factors Prescription drug management Therapeutic nuclear medicine Miluids with additives Closed treatment or fracture or dislocation without manipulation 	bl e of Ri
High	 One or more chronic illnesses with severe exacerbation, progression, or side effects of treatment Acute or chronic illnesses or injuries that pose a threat to life or bodily function, e.g., multiple trauma, acute MI, pulmonary embolus An abrupt change in neurologic status, e.g., seizure, TIA 	 Cardiovascular imaging studies with contrast with identified risk factors Cardiac electrophysiologic tests Diagnostic endoscopies with identified risk factors Discography 	 Bective major surgery (open, percutaneous, or endoscopic) with identified risk factors Emergency major surgery (open, percutaneous, or endoscopic) Parenteral controlled substances Drug therapy requiring intensive monitoring for toxicity Decision not to resuscitate or to descalate care because 	sk

Remaining Components

- Nature of presenting problem
 - Disease, condition, illness, injury, symptom, sign, etc.
 - Minimal, Self-limited or Minor, Low Severity, Moderate Severity, High Severity
- Counseling
 - Discussion with patient and/or family concerning the patient
- Coordination of Care
 - With other providers / facilities
- Time

Time elements per CPT code

Type	E&M Code	Time
Outpatient	99211	5
(established)	99212	10
	99213	15
	99214	25
	99215	40

Туре	E&M Code	Time
Inpatient	99251	20
(consult)	99252	40
	99253	55
	99254	80
	99255	110

Туре	E&M Code	Time
Inpatient	99231	15
(subsequent)	99232	25
	99233	35

Type	E&M Code	Time
Outpatient	99201	10
(new)	99202	20
	99203	30
	99204	45
	99205	60

Type	E&M Code	Time
Outpatient	99241	15
(consult)	99242	30
	99243	40
	99244	60
	99245	80

Type	E&M Code	Time
Inpatient	99221	30
(initial)	99222	50
	99223	70

LET'S TRY TOGETHER

01	ent elements, extent/typ	pes of key components, and cate	gory and level of E&M service suppo	rted by documentation provided to rev
Н	istory	<u>HPI</u>	ROS	<u>PFSH</u>
	n/a	none (
	Problem		n/a (0)	
	Expanded	brief (1	problem	n/a (0)
X	Detailed		× extended (pertinent (1)
	Comprehensive 🗙	extend	complete (1	🗙 complete (e2+,n3)
		724.001	elements must meet or exceed level regu	wements"
E	xam	995 multi-syster	<u>1997 elements</u> <u>OR</u>	1997 single system
	n/a	none documented	none documented	none documented
	Problem	1	1-5	1-5
X	Expanded	× 2-7	6-11	6-11
	Detailed	2-7, w/ 1 detailed	12 or more	12 (except eye/psyc=9)
	Comprehensive	8 or more	18 / 9 systems	perform/doc. ALL shaded+1 unshaded
D	ecision Making	# of problems	Amount of Data	Overall Risk
	n/a			none documented
П	Straightforward	0-1	X 0-1	minimal
	Low	2	2	low
X	Moderate	3	3	X moderate
	High	X 4 or more	4 or more	high

LAST STEP!... Just transfer your findings

New Patient OV	99201 (10 min) 🗶 992	<u>99 (20 min)</u>	9203 (30 min)	<u>99204 (45 min)</u> <u>99205 (60 min)</u>
History	problem	expanded 💢	detailed	comprehensive comprehensive
Exam	problem X	expanded	detailed	comprehensive comprehensive
Decision Making	straightforward	straightforward 📄	low	x moderate high
	"All three key components must meet or exceed level requirements"			
Estab Patient OV	99211 (5 min) 992	212 (10 min) 99	9213 (15 min) X	99214 (25 min) 99215 (40 min)
History	n/a	problem	expanded	x detailed comprehensive
Exam	n/a	problem X	expanded	detailed comprehensive
Decision Making	n/a :	straightforward	low	x moderate high
	"At least two key components must meet or exceed level requirements "			

Reminder of Guidelines- HPI

- Location where is it? (pain in LLQ abdomen)
- Quality how does is feel? (diffuse-achy, tingling, numb etc)
- Severity how bad is it? (1 10 for pain
- Ouration how long? (3 days)
- <u>Timing</u> when does the symptom occur? (worse after meals)

- o <u>Context</u> what happen to caused it? (abdominal pain after eating 25 oysters)
- o <u>Modifying factors</u> what did the patient do in an attempt to alleviate their symptoms?
- (1 10 for pain) (took over the counter drugs)
 - o <u>Associated signs and symptoms</u>- what else is bothering the patient? (diarrhea & vomiting)

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YOU CAN ALWAYS CONTACT ME WITH QUESTIONS!!!...

Universal Medical and Compliance

WWW.ARHPC.COM

"Contact US" tab and email me with any questions

Course: E&M documentation, chart auditing, modifiers, consultations.

Instructor: John Beard